



HAWAII STATE ETHICS COMMISSION
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THIS SPACE FOR OFFICE USE ONLY

07 FEB -5 P12 :00

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Struyk	William	e	425-235-5186
MAILING ADDRESS (Street)			FAX
4707 Smithers Avenue South			425-254-0543
(City)	(State)	(Zip Code)	
Renton	WA	98055	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Johnson & Johnson			732 524 3066
MAILING ADDRESS (Street)			FAX
One Johnson & Johnson Plaza			732 524 3005
(City)	(State)	(Zip Code)	
New Brunswick	NJ	08933	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
William E Struyk			425 235 5186
MAILING ADDRESS (Street)			FAX
4707 Smithers Avenue South			425 254 0543
(City)	(State)	(Zip Code)	
Renton	WA	98055	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input checked="" type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	_____

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
<u>William E. Guffy</u> (Signature of Lobbyist)	<u>1/31/07</u> (Date)

PART V AUTHORIZATION TO LOBBY	
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Donald W. Bohn, Vice President, State Government Affairs	
NAME OF ORGANIZATION (if applicable)	TELEPHONE
Johnson & Johnson	732 524 3074
MAILING ADDRESS (Street)	FAX
One Johnson & Johnson Plaza WT402	732 524 3005
(City)	(State)
New Brunswick	NJ
(Zip Code)	
08933	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.	
<u>Donald W. Bohn</u> (Signature of Authorizing Officer or Person Represented)	<u>1/29/07</u> (Date)